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Counselor Committee of the New Jersey  
State Board of Marriage and Family  
Therapy Examiners

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**FILED**

*April 16, 2009*  
STATE OF NEW JERSEY  
BOARD OF MARRIAGE AND FAMILY THERAPY EXAMINERS  
ALCOHOL AND DRUG COUNSELOR COMMITTEE

*Ernest A. Khan*

STATE OF NEW JERSEY  
DEPARTMENT OF LAW & PUBLIC SAFETY  
DIVISION OF CONSUMER AFFAIRS  
ALCOHOL AND DRUG COUNSELOR COMMITTEE  
OF THE STATE BOARD OF MARRIAGE AND  
FAMILY THERAPY EXAMINERS

IN THE MATTER OF

RONALD E. TEED

License No. 37LC00126000

TO PRACTICE CLINICAL ALCOHOL  
AND DRUG COUNSELING

IN THE STATE OF NEW JERSEY

Administrative Action

CONSENT ORDER MODIFYING  
RESTRICTED LICENSURE TO  
PRACTICE CLINICAL ALCOHOL  
AND DRUG COUNSELING

This matter was opened before the Alcohol and Drug Counselor Committee of the New Jersey State Board of Marriage and Family Therapy Examiners (hereinafter "the Committee"), upon review of Mr. Teed's application for modification of a Consent Order, filed on July 20, 2006, granting him a Clinical Alcohol and Drug Counselor (LCACD) license. He is currently also licensed by the New Jersey State Board of Social Work Examiners as a Licensed Clinical Social Worker. In respondent's original application to the Committee, respondent revealed that on or about September 10,

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1987, he was found guilty in the Superior Court Division, General Court of Justice, Avery County, North Carolina of taking indecent liberties with a minor. He was sentenced to three years probation and required to seek a psychological evaluation, counseling and or treatment and community service. Respondent submitted documentation that he was cooperative, compliant, and conscientious in fulfilling his probation responsibilities.

Respondent also submitted documentation that during the course of his application for licensure by the New Jersey State Board of Social Work Examiners, he submitted to a psychological evaluation, completed the process, was granted a social work license and subsequently a clinical social work license.

Respondent appeared before the Committee, pro se, on March 23, 2009 to discuss his application for modification of the July 20, 2006 Consent Order. Respondent asked the Committee to modify one provision of the Consent Order, the paragraph prohibiting respondent from engaging in the independent or private practice of alcohol and drug counseling. Respondent testified that he is presently working in private practice as a Licensed Clinical Social Worker, at Integrated Therapy Center in Mt. Laurel, has limited his practice to adult clients and is not engaging in the practice of alcohol and drug counseling. Respondent further testified that if he is permitted to engage in the independent and/or private practice of alcohol and drug counseling he will only practice alcohol and drug counseling at Integrated Therapy Center in Mt. Laurel, New Jersey and will be supervised by Sandra L.

Festa, LCSW, LCADC. Respondent will not engage in the supervision of any certified alcohol and drug counselors and/or interns. Additionally respondent testified that each of the therapists at Integrated Therapy Center, Mt. Laurel, New Jersey, practice independently, but all the therapists share one office area and jointly advertise their services. Respondent testified that each of the therapists at Integrated Therapy Center was advised of the prior Consent Order of the Committee and has agreed to sign an acknowledgment of a modified Consent Order.

The Committee having reviewed respondent's application for modification of the July 20, 2006 Consent Order, documentation submitted by respondent, respondent's testimony before the Committee, as well as the proposed limitations on his proposed independent and/or private practice, including the requirement that each of the therapists at Integrated Therapy Center sign an acknowledgment of the Consent Order and agree to notify the Committee of any violations of the Consent Order; the Committee finding that the following disposition of this matter is adequately protective of the public, and other good cause appearing;

IT IS THEREFORE ON THIS 16<sup>TH</sup> DAY OF *April*, 2009

ORDERED:

1. Respondent shall practice alcohol and drug counseling conditioned upon compliance with the terms of this modified Consent Order and all requirements for licensure as an alcohol and drug counselor.

2. Respondent's practice of clinical alcohol and drug counseling shall be limited to the treatment of adults over the age of twenty-one (21) years unless and until the Committee issues a subsequent Order.

3. Respondent shall cease and desist engaging in alcohol and drug counseling in any practice other than Integrated Therapy Center, Mt. Laurel, New Jersey unless and until the Committee issues a subsequent Order.

4. Respondent shall be permitted to engage in independent or private practice of alcohol and drug counseling at Integrated Therapy Center, Mt. Laurel, New Jersey under the supervision of a supervisor pre-approved by the Committee.

5. Respondent shall cause his supervisor to sign the Consent Order and provide quarterly reports to the Committee regarding his practice, including a statement indicating that respondent is being supervised pursuant to N.J.A.C. 13:34C-6.3 and that he is not engaging in the supervision of any alcohol and drug counseling. The supervisor shall meet face-to-face with respondent for a minimum of a one-hour session per week to review a random sampling of respondent's client records, the records that are reviewed shall be chosen by the supervisor. The supervisor's quarterly report shall be submitted directly to the Committee. The report shall describe the matters reviewed, the number of matters reviewed, the number of hours of supervision and an evaluation of respondent's work; listing any practice issues, deficiencies and

recommended remediation; and addressing respondent's compliance with the supervisor's recommendations.

6. Respondent shall be precluded from supervising any practice of alcohol and drug counseling, including but not limited to the supervision of certified alcohol and drug counselors (CADCs) or counselor interns, unless and until the Committee issues a subsequent order.

7. Respondent shall provide the Committee with a list, including the names and license numbers of each therapist working at Integrated Therapy Center, Mt. Laurel, New Jersey. The list shall be provided to the Committee contemporaneously with the signing of the within Order.

8. Respondent shall provide a copy of this Order to each therapist working at Integrated Therapy Center, Mt. Laurel, New Jersey and obtain the signature of each therapist on a copy of this Consent Order, signifying that each therapist has read and understands the requirements of this Order. Respondent shall submit a copy of the Consent Order signed by each of the therapists to the Committee contemporaneously together with his signing of the within Order.


9. In the event additional therapists practice at Integrated Therapy Center, Mt. Laurel, New Jersey, respondent shall cause the additional therapists to sign a copy of the Consent Order under the same terms as in paragraph number eight (8) above, and submit the copy to the Committee within ten days after the

therapist begins practice at Integrated Therapy Center, Mt. Laurel, New Jersey.

10. During the first year following the filing of the within Consent Order, respondent consents to the entry of an Order of automatic suspension of license without notice, upon the Committee's receipt of any information which the Committee in its sole discretion deems reliable that respondent has failed to comply with paragraphs one (1) through eight (8) of the Consent Order without the prior written consent of the Committee. Respondent may petition the Committee on five (5) days notice for a hearing limited to the sole issue of whether he deviated from the terms of the Consent Order. The hearing shall be conducted by the Committee or a subcommittee thereof within ten (10) days of the request for a hearing.

11. Respondent shall obey all of the laws of the State of New Jersey, the United States and their political subdivisions as well as all regulations, rules or laws pertaining to the practice of alcohol and drug counseling in this State or any other State.

ALCOHOL AND DRUG COUNSELOR COMMITTEE  
OF THE NEW JERSEY STATE BOARD OF  
MARRIAGE AND FAMILY THERAPY EXAMINERS

  
Edward Reading, LCADC  
Committee Chair

I have read the above order and I understand and agree to abide by its terms. Consent is hereby given to the Alcohol and Drug

Counselor Committee of the State Board of  
Marriage and Family Therapy Examiners to  
enter this Order.

Ronald E. Teed  
Ronald E. Teed

I have read the within Order and have been advised  
that Mr. Teed has been granted a  
restricted license to practice clinical alcohol and  
drug counseling independently at Integrated Therapy  
Center, Mt. Laurel, New Jersey, pursuant to the  
terms of the within Consent Order. I agree to  
immediately report any violations of the Consent  
Order directly to the Committee in writing.

\_\_\_\_\_  
(Print name)

Therapist's name:

Telephone No.

(Including area code and Extension number)

I have read the within Consent Order and I agree  
to the supervision requirements in this Order.

\_\_\_\_\_  
Print Name of Supervisor  
Tel. # of supervisor  
License No.

Dated: 3-14-09, 2009



*At the heart of transformation*

Jared Scherz, Ph.D., M.Ed., LPC  
*Director*

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Mt. Laurel, NJ 08054  
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856.787.1521 Fax  
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STAFF

**Jared Scherz, Ph.D., M.Ed, LPC**

NJ# 37PC00242600

**Donna Scherz, Psy.D.**

NJ# 379400

**Ronald Teed, LCSW, LCADC**

NJ # 44SC048300400 (LCSW)

NJ# 37LC00126000 (LCADC)

**Flora De Filippo, Ph.D.**

NJ# 3243

**Francis Keating, DO**

NJ# 25MB07991500

**Susan Melzer, LCSW**

NJ# 44SC05353100

**Lisa Natale, CMT**

No State License Required

**Shari Simmons, CMT**

No State License Required



Counselor Committee of the State Board of  
Marriage and Family Therapy Examiners to  
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Ronald E. Teed  
Ronald E. Teed

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terms of the within Consent Order. I agree to  
immediately report any violations of the Consent  
Order directly to the Committee in writing.

\_\_\_\_\_  
(Print name)  
Therapist's name:  
Telephone No.  
(Including area code and Extension number)

I have read the within Consent Order and I agree  
to the supervision requirements in this Order.

Sandra L. Festa, LCSW, LCADC, Sandra Festa  
\_\_\_\_\_  
Print Name of Supervisor  
Tel. # of supervisor 609-412-8969  
License No.

Dated: April, 2009

Counselor Committee of the State Board of  
Marriage and Family Therapy Examiners to  
enter this Order.

Ronald E. Teed

Ronald E. Teed

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restricted license to practice clinical alcohol and  
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terms of the within Consent Order. I agree to  
immediately report any violations of the Consent  
Order directly to the Committee in writing.

Lisa Natale Lisa Natale

(Print name)

Therapist's name:

Telephone No.

(Including area code and Extension number)

I have read the within Consent Order and I agree  
to the supervision requirements in this Order.

\_\_\_\_\_  
Print Name of Supervisor

Tel. # of supervisor

License No.

Dated: 4/4/09, 2009

Counselor Committee of the State Board of  
Marriage and Family Therapy Examiners to  
enter this Order.

Ronald E. Teed

Ronald E. Teed

I have read the within Order and have been advised  
that Mr. Teed has been granted a  
restricted license to practice clinical alcohol and  
drug counseling independently at Integrated Therapy  
Center, Mt. Laurel, New Jersey, pursuant to the  
terms of the within Consent Order. I agree to  
immediately report any violations of the Consent  
Order directly to the Committee in writing.

Shari Simmons 856-234-6288 Shari Simmons

(Print name)

Therapist's name:

Telephone No.

(Including area code and Extension number)

I have read the within Consent Order and I agree  
to the supervision requirements in this Order.

\_\_\_\_\_  
Print Name of Supervisor

Tel. # of supervisor

License No.

Dated: 7-4, 2009

Counselor Committee of the State Board of  
Marriage and Family Therapy Examiners to  
enter this Order.

Ronald E. Teed

Ronald E. Teed

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restricted license to practice clinical alcohol and  
drug counseling independently at Integrated Therapy  
Center, Mt. Laurel, New Jersey, pursuant to the  
terms of the within Consent Order. I agree to  
immediately report any violations of the Consent  
Order directly to the Committee in writing.

Susan Melzer, LCSW Susan Melzer LCSW

(Print name)

Therapist's name:

Telephone No. 856-787-7150 x14

(Including area code and Extension number)

I have read the within Consent Order and I agree  
to the supervision requirements in this Order.

\_\_\_\_\_  
Print Name of Supervisor  
Tel. # of supervisor  
License No.

Dated: 4-4-09, 2009

Counselor Committee of the State Board of  
Marriage and Family Therapy Examiners to  
enter this Order.

Ronald E. Teed

Ronald E. Teed

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restricted license to practice clinical alcohol and  
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terms of the within Consent Order. I agree to  
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Order directly to the Committee in writing.

Donna Scherz ASD

(Print name)

Therapist's name: Donna Scherz ASD

Telephone No. 856 787-7150

(Including area code and Extension number)

I have read the within Consent Order and I agree  
to the supervision requirements in this Order.

\_\_\_\_\_  
Print Name of Supervisor

Tel. # of supervisor

License No.

Dated: 4/6, 2009

Counselor Committee of the State Board of  
Marriage and Family Therapy Examiners to  
enter this Order.

Ronald E. Teed

Ronald E. Teed

I have read the within Order and have been advised  
that Mr. Teed has been granted a  
restricted license to practice clinical alcohol and  
drug counseling independently at Integrated Therapy  
Center, Mt. Laurel, New Jersey, pursuant to the  
terms of the within Consent Order. I agree to  
immediately report any violations of the Consent  
Order directly to the Committee in writing.

Jared Schert, PhD 856 787-7150 X12

(Print name)

Therapist's name:

Telephone No.

(Including area code and Extension number)

I have read the within Consent Order and I agree  
to the supervision requirements in this Order.

---

Print Name of Supervisor  
Tel. # of supervisor  
License No.

Dated: 4-6-09, 2009

Counselor Committee of the State Board of  
Marriage and Family Therapy Examiners to  
enter this Order.

\_\_\_\_\_  
Ronald E. Teed

I have read the within Order and have been advised  
that Mr. Teed has been granted a  
restricted license to practice clinical alcohol and  
drug counseling independently at Integrated Therapy  
Center, Mt. Laurel, New Jersey, pursuant to the  
terms of the within Consent Order. I agree to  
immediately report any violations of the Consent  
Order directly to the Committee in writing.

Francis Keating  
(Print name)

Therapist's name:

Telephone No.

(Including area code and Extension number)

I have read the within Consent Order and I agree  
to the supervision requirements in this Order.

\_\_\_\_\_  
Print Name of Supervisor  
Tel. # of supervisor  
License No.

Dated: 4/7, 2009

Counselor Committee of the State Board of  
Marriage and Family Therapy Examiners to  
enter this Order.

*R. E. Teed*

Ronald E. Teed

I have read the within Order and have been advised  
that Mr. Teed has been granted a  
restricted license to practice clinical alcohol and  
drug counseling independently at Integrated Therapy  
Center, Mt. Laurel, New Jersey, pursuant to the  
terms of the within Consent Order. I agree to  
immediately report any violations of the Consent  
Order directly to the Committee in writing.

*FLORA DeFilippo PhD R. E. Teed PhD*

(Print name)

Therapist's name:

Telephone No. *856-787-7150 x 49*

(Including area code and Extension number)

I have read the within Consent Order and I agree  
to the supervision requirements in this Order.

*R. E. Teed PhD*

Print Name of Supervisor

Tel. # of supervisor

License No.

Dated: \_\_\_\_\_, 2009